

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
5	/					
6	/	X	✓			
7		/				
8		/				
9		/				
10	/					
11		2				
12		2				
13		2				
14		2				
15		2				
16	/					
17		/				
18		/				
19		/				
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28		/				
29		/				
30		/				
31		/				
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		2				
44		2				
45		2				
46	/					
47	/					
48		7				
49		7				
50	/					
TOTAL IND.	14		↓		↓	
TOTAL DEP.	136	↔		↔		↔
TOTAL CLAIMS	150					

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		3				
53		3				
54		3				
55		3				
56		3				
57		3				
58		3				
59		3				
60		3				
61		3				
62		3				
63		1				
64	1	X	✓			
65		1				
66		3				
67		3				
68		3				
69		3				
70		3				
71		3				
72		3				
73		3				
74		3				
75		3				
76		3				
77		3				
78		5				
79	X	X	✓			
80	1					
81	1					
82	1					
83		1				
84		1				
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS